



DEPARTMENT OF THE NAVY
BUREAU OF NAVAL PERSONNEL
5720 INTEGRITY DRIVE
MILLINGTON TN 38055-0000

5720
PERS 00J6/20170621
September 27, 2017

Ms. Belinda M. Hodges
23460 W. Pima Street
Buckeye, AZ 85326

Dear Ms. Hodges:

SUBJECT: YOUR FREEDOM OF INFORMATION ACT (FOIA) REQUEST

This is in response to your Freedom of Information Act (FOIA) request in which you seek U.S. Navy Official Military Personnel File (OMPF) discharge information pertaining to Aaron Dane Hodges. Your request was received in this office on September 27, 2017, from the Office of the Chief of Naval Operations (DNS-36), has been assigned FOIA case file number CNPC20170621 by this command.

A releasable copy of a responsive DD Form 214 is enclosed. The redacted portions of the DD Form 214, and all underlying documentation supporting a discharge which is not being provided, are exempt from disclosure under FOIA exemption 6 [5 U.S.C. § 552(b)(6)]. Release of such information would be a clearly unwarranted invasion of the personal privacy of Aaron Dane Hodges and other identified individuals. Any potentially available adverse documentation contained in an OMPF is categorically denied under FOIA exemption (b)(6) should such information be contained in an applicable record.

Because your request is partially denied by this command, you are advised of your right to appeal this determination in writing to the Office of the Judge Advocate General, OJAG Code 14, 1322 Patterson Avenue SE Suite 3000, Washington Navy Yard, DC 20374-5066.

If an appeal is deemed necessary, it must be received in that office within 90 calendar days from the date of this letter, in order to be considered. To expedite an appeal, you should enclose a copy of this letter and a copy of the original request along with a statement regarding why your appeal should be granted. The letter of appeal and the envelope should bear the notation, "FOIA/PA APPEAL."

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I am the official responsible for the partial denial of your request. Should you wish to discuss the processing of your request by this command, you may contact the undersigned at (901) 874-3165. You may also contact the DON FOIA Public Liaison, Christopher Julka, at Christopher.a.julka@navy.mil or (703) 697-0031.

Sincerely,

A handwritten signature in black ink, appearing to read 'D. P. German', with a long horizontal flourish extending to the right.

D. P. GERMAN
FOIA/PA Officer
By direction

ALL ALTERATIONS IN SHADED AREAS
RENDER FORM VOID

1. NAME (Last, First, Middle) HODGES, AARON DANE		2. DEPARTMENT, COMPONENT AND BRANCH NAVY-USN		3. SOCIAL SECURITY NUMBER			
4a. GRADE, RATE OR RANK OMSA		b. PAY GRADE E2		5. DATE OF BIRTH (YYYYMMDD)			
6. RESERVE OBLIGATION TERMINATION DATE (YYYYMMDD) N/A							
7a. PLACE OF ENTRY INTO ACTIVE DUTY SAN DIEGO, CA				b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) CA			
8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND USS BONHOMME RICHARD (LHD 6)HP:SAN DIEGO, CA				b. STATION WHERE SEPARATED PSD NAVBASE SAN DIEGO, CA			
9. COMMAND TO WHICH TRANSFERRED N/A				10. SGLI CO AMOUNT			
11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.) DG-9700. INFANTRY, GUN CREWS, AND SEAMANSHIP SPECIALISTSXX X X X X X X X				12. RECORD OF SERVICE			
				a. DATE ENTERED AD THIS PERIOD	2000	OCT	17
				b. SEPARATION DATE THIS PERIOD	2003	MAR	25
				c. NET ACTIVE SERVICE THIS PERIOD	02	04	-29
				d. TOTAL PRIOR ACTIVE SERVICE	00	00	00
				e. TOTAL PRIOR INACTIVE SERVICE	00	00	00
				f. FOREIGN SERVICE	00	00	00
				g. SEA SERVICE	01	09	16
				h. EFFECTIVE DATE OF PAY GRADE			
				2002 DEC 16			
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) NATIONAL DEFENSE SERVICE MEDAL.XX X X X X X X X				14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) QM "A" SCHOOL, 6 WKS, MAR2001.XX X X X X X X X			
15a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM							
b. HIGH SCHOOL GRADUATE OR EQUIVALENT							
16. DAYS ACCRUED LEAVE PAID		17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION					
18. REMARKS SER 68556-03-2568AC XX X X X X X X X							
The information contained herein is subject to computer matching within the Department of Defense or with any other affected Federal or non-Federal agency for verification purposes and to determine eligibility for, and/or continued compliance with, the requirements of a Federal benefit program.							
19. MAILING ADDRESS AFTER SEPARATION (Include ZIP Code)				20. NEAREST RELATIVE (Name and address - include ZIP Code)			
DIRECTOR OF VETERANS AFFAIRS							
ED [Signature] (grade, title and signature)							
SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)							
23. TYPE OF SEPARATION DISCHARGED		24. DATE OF SEPARATION					
25. SEPARATION AUTHORITY		26. SEPARATION CODE		27. REENTRY CODE			
28. REASON FOR SEPARATION							
29. DATES OF TIME LOST DURING THIS PERIOD (YYMM/DD)				30. ME			